



# SIT / OHI Basics

Presented by  
DHA UBO Program Office Contract Support

Dates and Times:

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- Applicable Laws, Regulations, and Guidance
- Other Health Insurance (OHI)
  - High Deductible Health Plans
  - Best Practices
  - Enter and update OHI
  - VPOC Operations
- Standard Insurance Table (SIT)
- Common issues with SIT/OHI
- Impact on billing processes
- Resources

# Applicable Laws, Regulations, and Guidance

DoD Third Party Collections (TPC) program activities involve the billing of health insurance plans, or agreements, on behalf of beneficiaries for both Inpatient and Outpatient treatment provided in Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), to the fullest extent allowed under CFR 32, part 220, 10 U.S.C. 1095.

## **OTHER HEALTH INSURANCE (OHI)**

- **What is Other Health Insurance (OHI)?**

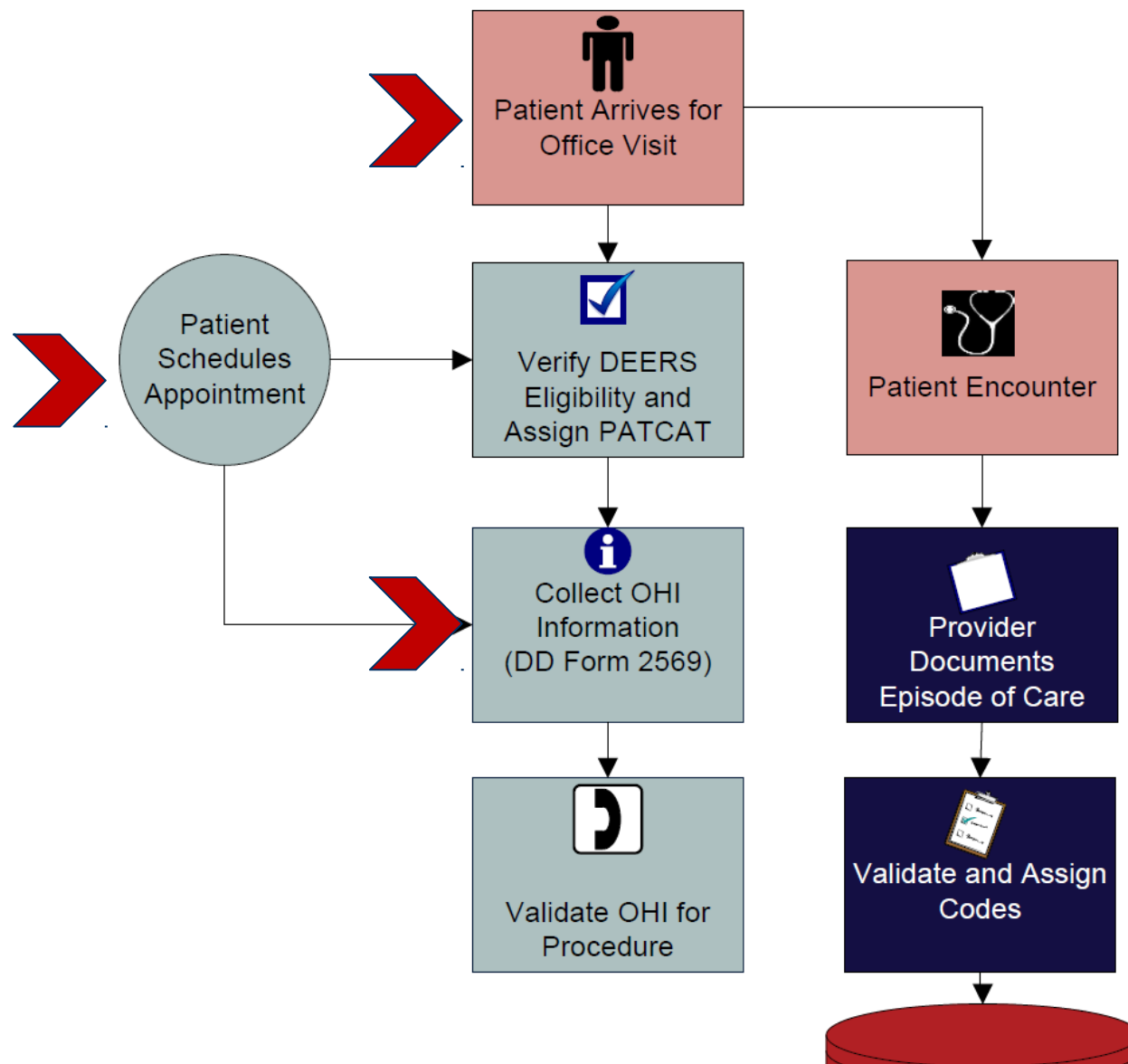
- Other Health Insurance (OHI) is any health insurance policy covering medical, dental, or pharmacy established through an employer or private insurance company.
- TRICARE, TRICARE Supplemental plans, Medicare, Medicaid, and certain government-sponsored programs are not OHI.
- OHI is stored in the SIT in the form of Health Insurance Carrier (HIC) IDs. It is assigned by DEERS and composed of:
  - First 3 characters of insurance company's name
  - Plus 2-character state abbreviation
  - Plus 4-digit number assigned by DEERS

E.g. Aetna of California = AETCA0001

# OHI High Deductible Health Plans (HDHP)

- OHI coverage can constitute High Deductible Health Plans (HDHPs).
- HDHPs are at times linked to Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) and Flexible Spending Accounts (FSAs) being used.
- Any payments received from these payment types as part of cost-sharing should not be accepted.
- HRA payments made to cover HDHP cost-sharing amounts must be returned per 32 Code of Federal Regulations (CFR) 220.2(b).

# When is OHI Collected?



# DD 2569 Compliance Card



## Third Party Collection Insurance Verification Card

**NOTE:** Patients shall be required to renew their OHI Registration Card upon the anniversary of the issue date noted on the card or when OHI status or information is updated.

\_\_\_\_\_ Expiration Date

I, \_\_\_\_\_, certify that I have completed Form  
DD2569 Third Party Collection Program/Medical Services Account/  
Other Health Insurance (OHI) Form.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
MTF Representative/Issue Date



## THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE

(Read Privacy Act Statement before completing this form.)

OMB No. 0704-0323  
OMB approval expires  
Mar 31, 2013

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0323). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**  
**RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.**

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC, Sections 1095 and 1079b; Executive Order 9397.

**PRINCIPAL PURPOSE(S):** Information will be used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient. Such monetary benefits accruing to the MTF will be used to enhance health care delivery in the MTF.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, the information on this form will be released to your insurance company.

**DISCLOSURE:** Voluntary. Failure to provide complete and accurate information may result in disqualification for health care services from MTFs.

### PATIENT INFORMATION

1. PATIENT NAME (Last, First, Middle Initial)		2. SSN	3. DATE OF BIRTH (YYYY/MM/DD)
4a. MAILING ADDRESS (Include ZIP Code)		b. HOME TELEPHONE NO. (      )	
		5a. FAMILY MEMBER PREFIX	b. SPONSOR SSN
6a. PATIENT'S EMPLOYER'S NAME		b. EMPLOYER TELEPHONE NUMBER (      )	

### INSURANCE INFORMATION

7. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)

a. YES. (Complete Item 8 and the remaining sections below.)
b. NO, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to Item 12.)
c. NO, but I am not a DoD beneficiary. (Proceed to Item 11.)

8. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 10; otherwise, please complete the blocks below.

a. NAME OF POLICY HOLDER (Last, First, Middle Initial)	b. DATE OF BIRTH (YYYY/MM/DD)	c. RELATIONSHIP TO POLICY HOLDER
--	-------------------------------	-------------------------------------

# Example- Monthly DD Form 2569 log

FY15 ▼	Pharmacy			Clinic			Mailed				Total			
Month	DD2569s	Potential	% Potential	DD2569s	Potential	% Potential	Mailed	DD2569s	Potential	% Potential	DD2569s	Potential	% Potential	New Billables
October				251							251			
November				135							135			
December				416		0.0%					416		0.0%	
January				453	19	4.2%					453	19	4.2%	
February				218	11	5.0%					218	11	5.0%	
March														
April														
May														
June														
July														
August														
September														
<b>TOTAL*</b>				1,255	19	1.5%					1,255	19	1.5%	
<b>ANNUAL PACE FY15</b>				3,765	57	1.5%					3,765	57	1.5%	
<b>Total FY14</b>				3,988							3,988			

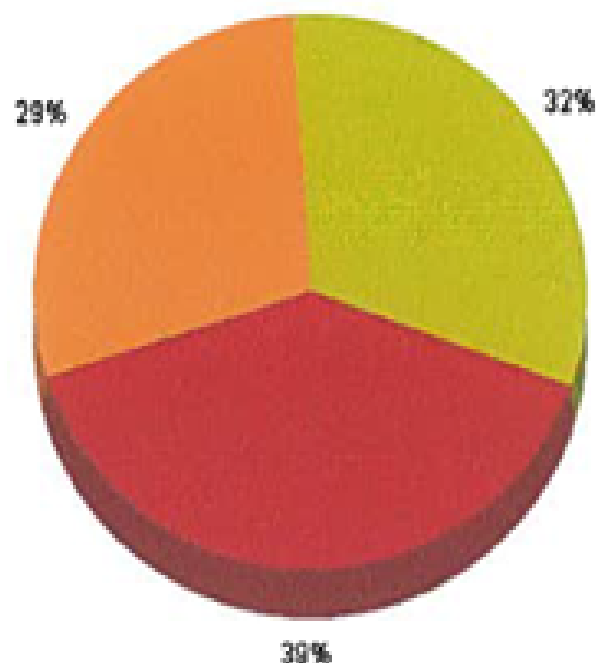
# Example -DD Form 2569 per Clinic Types

7% less than 75%

% Current	Current	Total	Missed	Expired
90.6%	29	32	1	2
100.0%	1	1	0	0
68.3%	1,142	1,671	225	304
90.3%	426	472	8	38
89.1%	475	533	18	40
91.5%	493	539	17	29
92.3%	422	457	11	24
96.5%	447	463	3	13
89.4%	883	988	38	67
88.7%	850	958	35	73
91.2%	176	193	12	5
80.7%	46	57	3	8
78.9%	41	52	6	5
68.6%	85	124	18	21
70.7%	41	58	10	7
% Current	Current	Total	Missed	Expired
78.4%	825	1,053	74	154

% of Clinics/Ancillaries by Status

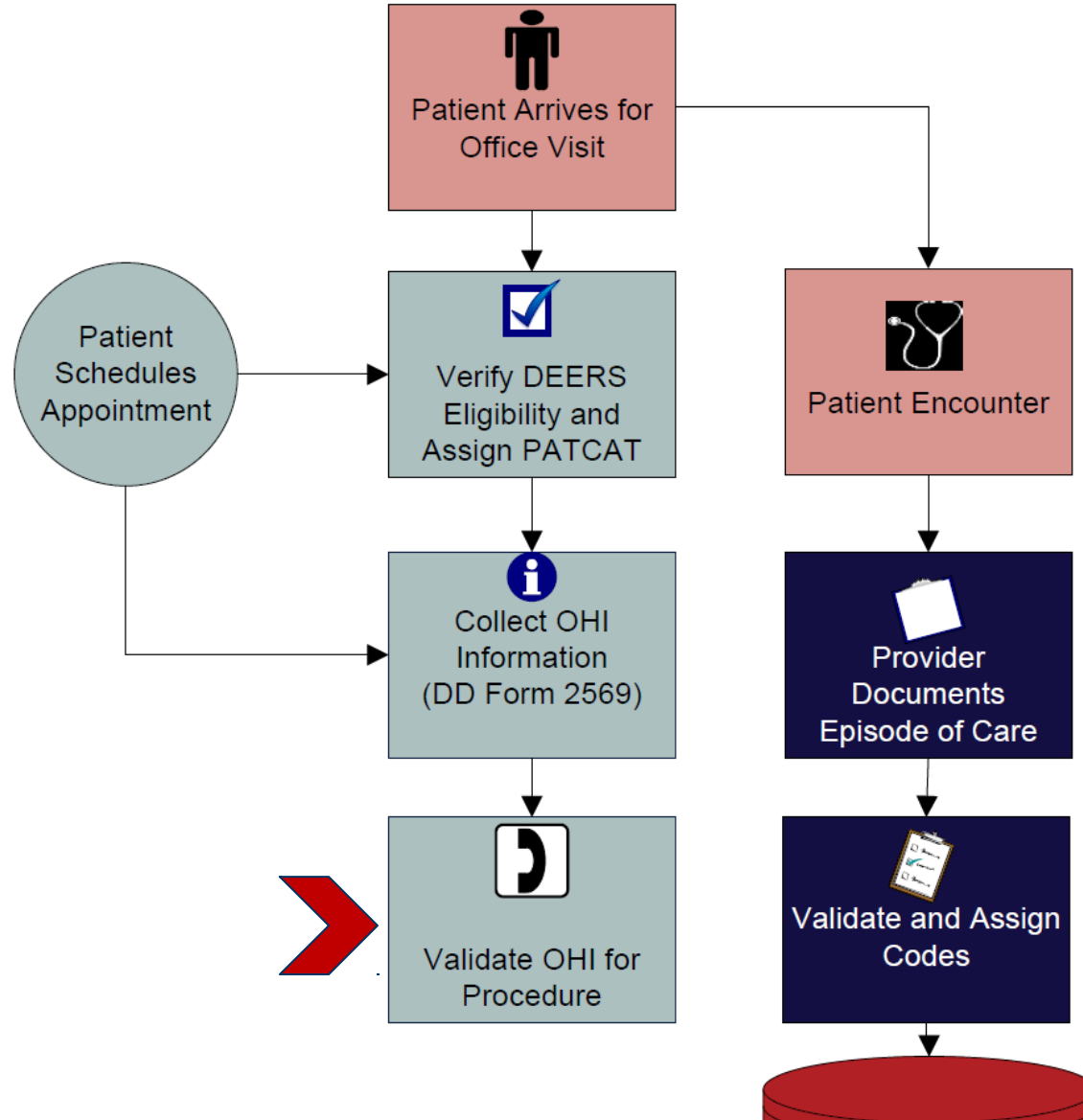
■ 90% and above 
 ■ 75% - 90% 
 ■ < 75%



Clinics with less than 20 applicable visits are not included in chart.

Number of clinics/ancillaries with red, yellow and green status over the total number of clinics/ancillaries.

# When is OHI Verified?



# OHI Entry in CHCS for VPOC Verification I:

CFS	Common Files Supplementary Menu
DEP	Department and Service File Enter/Edit
HOS	Hospital Location File Enter/Edit
HPN	Host Platform Name Enter/Edit
MCD	Medical Center Division File Enter/Edit
MTF	Medical Treatment Facility File Enter/Edit
PRO	Provider File Enter/Edit
<b>STM</b>	<b>Standard Insurance Company Table Menu</b>
UIC	UIC Management Menu
ZIP	Zip Code File Enter/Edit
ACT	Inactivate/Reactivate File Entries

Select Common Files and Tables Maintenance Menu Option: **STM**

**SIT**    **Standard Insurance Company Table**

# OHI Entry in CHCS for VPOC Verification 2:

## OTHER HEALTH INSURANCE

Patient: Doe, John  
 Patient Category: USA FAM MBR AD  
 HCDP: TRICARE PRIME FAMILY COVERAGE  
 Region Code:  
 PCM:  
 FMP/SSN: 02/000-00-0000  
 Patient SSN: 000-00-0000  
 DMDC Pat ID: 000000000000  
 Sex: MALE  
 DOB/Age: 04 Jul 1776

Insurance Company: Cigna

Policy Id:

Card Holder Id:

Policy Eff Date:

End Date:

End Reason:

Ins Type Code: CI

Claim Filing Code: 09

Policy Obsolete?: NO

PreCert Comments:

Coverage Type	Payer Type	Eff Date	End Date	Rank
COMPREHENSIVE MEDICAL	BOTH INST & PROF			PRIMARY

Policy Last Modified:

Policy Txn Sys:



# OHI Entry in CHCS for VPOC Verification 3:

- Add
  - Heath Insurance Carrier (HIC) or coverage
  - First, do a partial look-up to see if company or coverage is already on the local CHCS SIT table
- Update
  - Allows user to update any new information
- Cancel
  - Opportunity to cancel an entry if you make a mistake
  - Must be in an unverified state
- **Deactivate - DO NOT use this option**



# OHI Entry in CHCS for VPOC Verification 4: Claim Filing Code Values

09	=	Self-pay (default, should not be used for the MHS)	AM	=	Automobile Medical
10	=	Central Certification	BL	=	Blue Cross/Blue
11	=	Other Non-Federal Programs		=	Shield
		(Self insured programs, etc.)	CH	=	CHAMPUS
12	=	Preferred Provider Organization (PPO)	CI	=	Commercial Insurance Co.
13	=	Point of Service (POS)			(Aetna, Cigna, etc.)
14	=	Exclusive Provider Organization (EPO)	DS	=	Disability
15	=	Indemnity Insurance (Old traditional policies)	HM	=	Health Maintenance
16	=	Health Maintenance Organization (HMO) Medicare Risk	LI	=	Liability
			LM	=	Liability Medical
			MB	=	Medicare Part B
			MC	=	Medicaid
			OF	=	Other Federal Program
					(use for Medicare)
			TV	=	Title V (Medicare
				=	Maternal
					Child program)
			VA	=	Veteran
				=	Administration
					Plan
			WC	=	Workers' Compensation



## Coverage-Type Codes

## Payer-Type Codes



- **XM = Comprehensive Medical (default)**



- **MD = Medical**



- **DN = Dental**

- IP = Inpatient

- OP = Outpatient

- LT = Long Term Care



- **RX = Pharmacy**

- MH = Mental Health



- **VI = Vision**

- PH = Partial Hospitalization

- SN = Skilled Nursing

- B = Both Institutional and Professional (default)

- I = Institutional Only

- P = Professional Only

- N = Non billable

*(common coverage types)*



# OHI Entry in CHCS for VPOC Verification 6: Completed HIC Addition Request

SIT ID: AETCA0034

STANDARD INSURANCE COMPANY

ADD INS CO

Insurance Company Name:

**AETNA HEALTH CARE**

Coverage Type:

**MEDICAL**

Payer Type Code:

**B (BOTH) INSTITUTIONAL AND  
PROFESSIONAL**

Coverage Status Code: **T**

Coverage Verification Status: **U**

ATTN:

**Medical Claims**

P.O. Box/St Address:

**PO BOX 246**

Zip Code:

**92121**

**Zip Ext:**

State/Country:

**CALIFORNIA**

City:

**SAN DIEGO**

Phone Number:

**8581021928**

**Phone**

**Ext:**

FAX Number:

## HIC Status Code

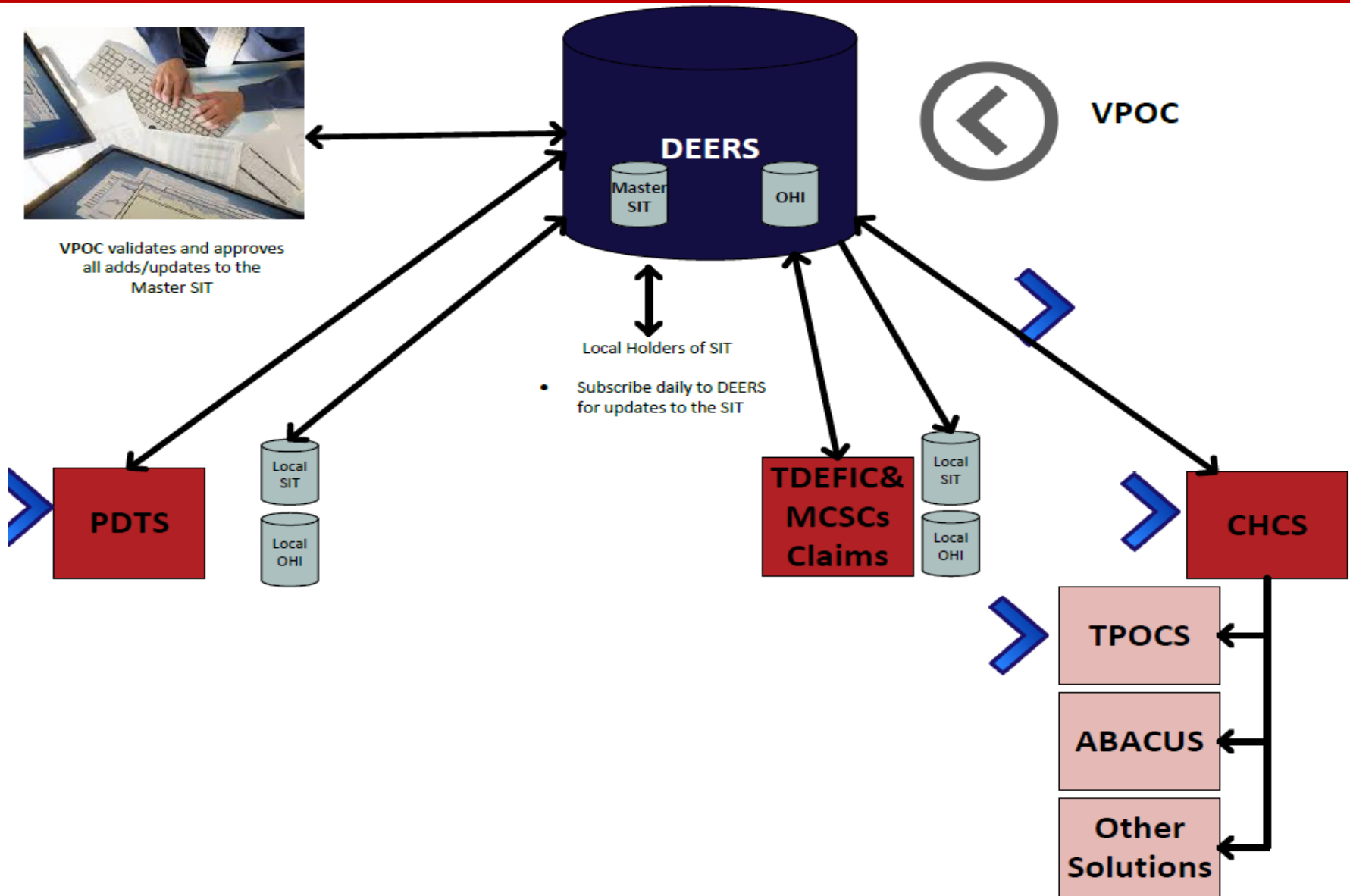
- S = Standard (already verified)
- T = Temporary
- **D = Deactivated**
- P = Placeholder (not enough information)
- C = Canceled

## HIC Verification Status

- D = Unverified Data (OHI)
- U = Unverified Carrier
- V = Verified

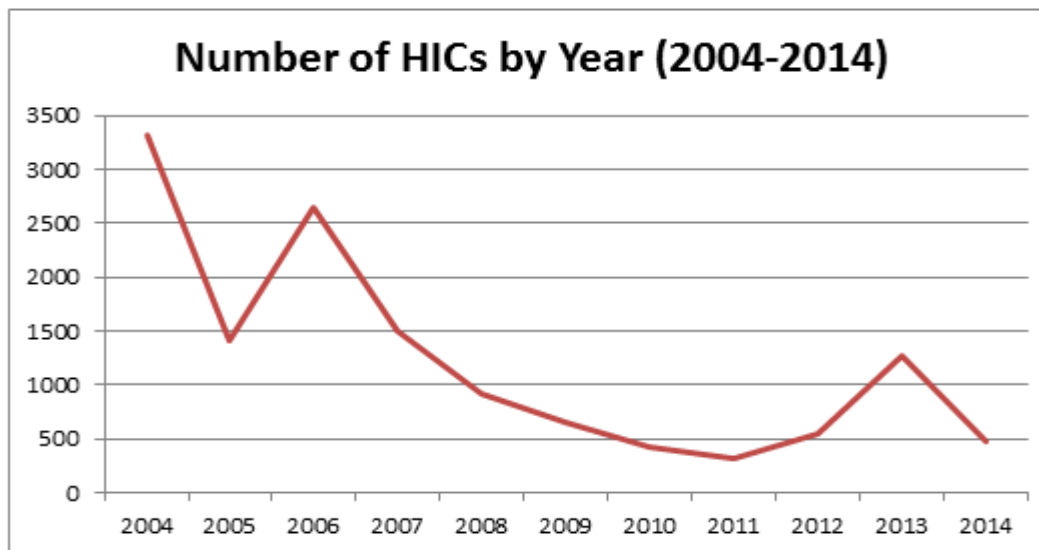
## Add Verification: Search

HIC ID	COV	PYR	HIC NAME	ADDRESS	CITY	STATE	ZIP
ACOWV0006	MD	B	ACORDIA NATIONAL	P O BOX 11522	CHARLESTON	WV	25331
AETKY0037	RX	B	AETNA	P.O.BOX 14024	LEXINGTON	KY	40511
AETKY0038	RX	B	AETNA US HEALTHCARE	P. O. BOX 140224	LEXINGTON	KY	40511
AETKY0039	RX	B	AETNA US HEALTHCARE	P.O. BOX 14024	LEXINGTON	KY	40511
AETTX0051	RX	B	AETNA HEALTHCARE	PO BOX 686005	SAN ANTONIO	TX	78261
AIGDE0002	XM	B	AIG	PO BOX 15701	WILMINGTON	DE	19851
AIGNY0001	XM	B	AIG WORLD SOURCE	80 PINE STREET 8TH FLOOR	NEW YORK	NY	10001
AMETX0021	RX	B	AMERICAN ADMINSTRATIVE GROUP	320 S POLK, STE. 200	AMARILLO	TX	79101
APWMD0004	RX	P	APWU HEALTHCARE PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	21061
APWMD0005	RX	P	APWU PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	21061
ARGMO0022	RX	B	ARGUS PHARMACY	PO BOX 419019	KANSAS CITY	MO	64141
BCBAZ0052	RX	B	BCBS	PO BOX 52136	PHOENIX	AZ	85071
BCBCO0003	MD	B	BCBS OF COLORADO	PO BOX 173680	DENVER	CO	80211
BCBKY0016	RX	B	BCBS OF ALABAMA	PO BOX 14711	LEXINGTON	KY	40511
BLUCA0039	MD	P	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	95921
BLUCA0039	RX	B	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	95921
BLUCA0083	XM	B	BLUE CROSS OF CALIFORNIA	PO BOX 12020	BAKERSFIELD	CA	93381
BLUOK0006	XM	B	BLUE CROSS BLUE SHIELD OF OKLAHOMA	PO BOX 21128	TULSA	OK	74121



# HICs ADDITION AND UPDATES BY YEAR

Year	
2004	3318
2005	1415
2006	2644
2007	1509
2008	916
2009	653
2010	431
2011	319
2012	548
2013	1274
2014	480



# **STANDARD INSURANCE TABLE (SIT)**

- **What is the SIT?**

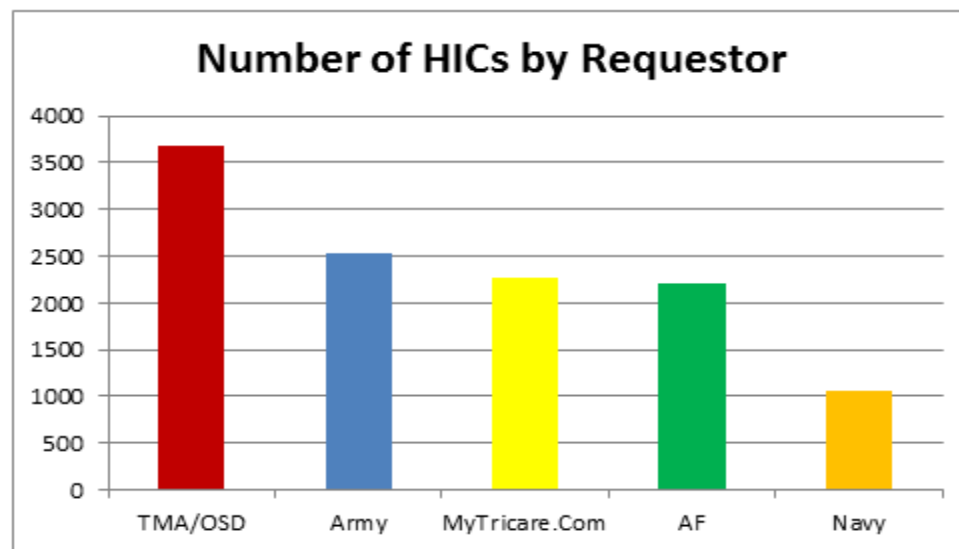
- Centralized database of commercial Health Insurance Carriers (HICs) and their claims addresses and the types of coverage (comprehensive, medical, pharmacy, dental, vision, etc.) that each HIC offers.
- The centralization of SIT data allows for insurance company claims addresses to be managed and standardized throughout the MHS.
- Excludes insurance companies billed *only* under Medical Affirmative Claims (MAC) and Medical Services Account (MSA) Program.
- SIT has valid Health Insurance Company (HIC) name and claims address. OHI policy is “pointed” to the appropriate HIC address.



# HICs PER REQUESTOR TYPE

Number of HICs by Requestor

Service	
TMA/OSD	DHA
Army	2529
Purchased Care	2259
AF	2218
Navy	1057
CIV/CTR	62
(blank)	1725

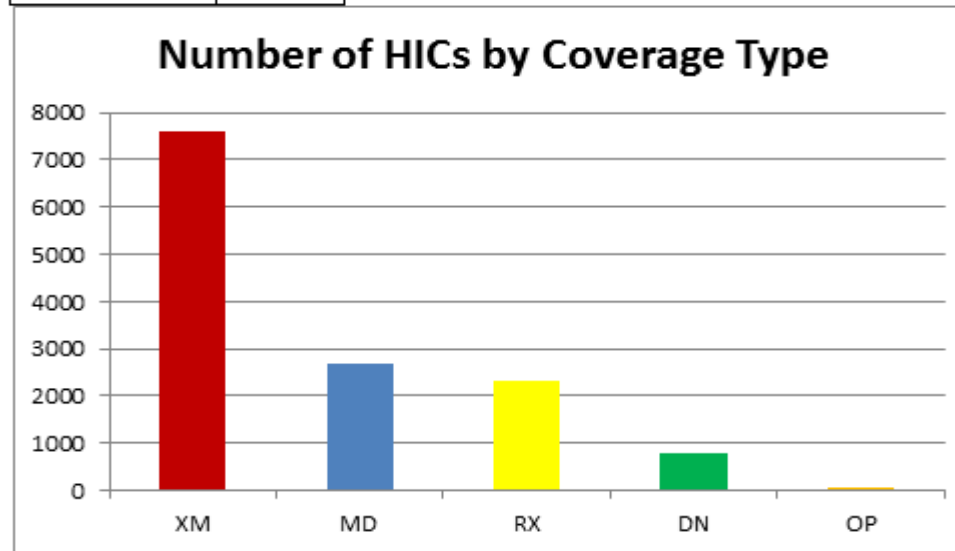


# HICs PER COVERAGE TYPE

Number of HICs by Coverage Type

Chart Area

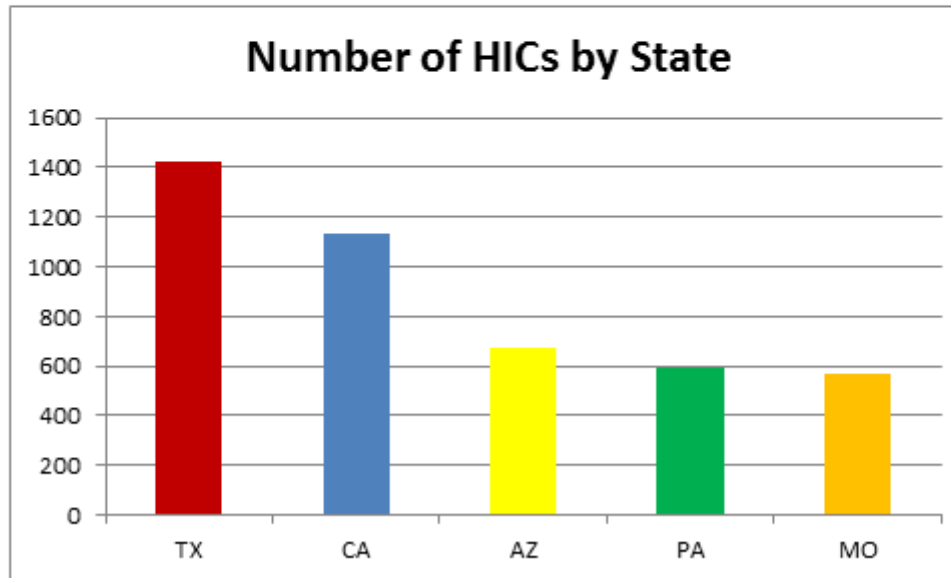
Coverage Type	
XM	7591
MD	2669
RX	2315
DN	793
OP	50
VI	46
MH	31
IP	22
LT	8
PH	3
SN	1



# HICs BY TOP 5 STATES

Number of HICs by State

State	
TX	1420
CA	1132
AZ	672
PA	591
MO	569



HIC_ID	HIC_STAT_CD	HIC_VER_STAT_CD	HIC_NM	HIC_CVG_TYP_CD	HIC_CVG_PYR_TY_P_CD	HICC_MA_LN2_TX	HICC_MA_CTY_NM	HICC_STND_CMT_TX
21SNJ0002	S	V	21ST CENTURY HEALTH	XM	B	PO BOX 50307	CHERRY HILL	
21SNJ0001	S	V	21ST CENTURY HEALTH & BENEFITS	XM	B	PO BOX 5037	CHERRY HILL	
AAGTX0002	S	V	AAG	XM	B	PO BOX 612989	DALLAS	
AAGTX0001	S	V	AAG BENEFIT PLAN ADMINISTRATORS INC	XM	B	PO BOX 619070	DALLAS	
ACENV0001	S	V	ACEC	XM	B	PO BOX 44109	LAS VEGAS	
ACENV0002	S	V	ACEC LIFE HEALTH TRUST	XM	B	PO BOX 44109	LAS VEGAS	
ADMCA0001	S	V	ADMAR CORP	XM	B	PO BOX 478	SANTA ANA	
ADMCA0002	S	V	ADMAR CORP	XM	B	PO BOX 578	SANTA ANA	
ADMPA0004	S	V	ADMINISTRATIVE CONCEPTS	XM	B	994 OLD EAGLE SCHOOL RD	WAYNE	
ADMPA0002	S	V	ADMINISTRATIVE CONCEPTS	XM	B	997 OLD EAGLE SCHOOL RO	WAYNE	

**HIC Carrier:**

HIC ID: LABMD0007

Status Code: T

Ver. Status Code: U

Ver. System Name: TNEX SOUTH

Ver. Status Date: 2007-01-11

Ver. Status Time: 17:20:07

\* HIC Name: LABORERS NATIONAL HEALTH

Standard Comment:

Local Comment:

Website Address: UNKNOWN

Cust. Service E-mail: UNKNOWN

Cross Ref ID:

\* POC Full Name: PGBA LLC

POC Contact E-mail: MYTRICARE.COM

\* POC Telephone No: 8778742273

POC Telephone No Ext.:

**HIC Coverage:**

\* Coverage Type Code: XM

\* Coverage Payer Type Code: B

Status Code: T

Ver. Status Code: U

Ver. Status Date: 2007-01-11

Ver. Status Time: 17:20:07

**Mailing Address:**

Attention: WELFARE FUND

\* Address: 5565 STERRETT PLACE #210

\* City: COLUMBIA

State Code: MD

Zip Code: 21044

Zip Ext.: 1100

\* Country Code: US

Standard Comments:

Local Comments:

\* Telephone No: 8002355805

Ext.:

# **COMMON SIT/OHI DATA ENTRY ERRORS**

- **What is the impact on billing processes?**
  - Standardized and centralized SIT and OHI data across the MHS information systems allows MTFs to bill Other Health Insurance (OHI) for services rendered. SIT and OHI information is shared with Direct Care and Purchase Care.
  - Allows for straightforward changes to the Local SIT
  - Increases potential for Third Party Collections.
  - If a patient has OHI and is covered by TRICARE, federal law requires Military Treatment Facilities (MTFs) to collect reasonable payments.
  - If a third party payer pays any portion or all of a claim, it will be considered as satisfying the normal medical services or subsistence charges, and patients will not have to make any further payment.

# Common HIC Entry Errors 1:

- Incomplete queries with duplicate HIC entries
- Insurance carrier name is abbreviated
- Use of “RX” prefix: “RXAetna” for insurance carrier
- Use of commas, periods, symbols: 1.800.234.5678 or 1-800-234-5678- It should look like: **18002345678**
- Use of DSN instead of commercial telephone number
- Invalid insurance carrier telephone number
- Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy (RX)
- Failure to “cancel” an incorrect entry



- Loss of connectivity with DEERS:
  - MTF did not subscribe to DEERS during a 7-day period, and local CHCS became out of sync with the central SIT.
- MTF must request a full subscription:
  - Menu path: DAA -> CFT -> CFM -> STM -> SIT -> Subscribe action.
  - Select the DOD HIC Full Inquiry secondary menu option.
  - Answer “yes” to the question, “Proceed with Full Subscription?”
  - The system will confirm that a Full Subscription has been tasked.
  - The data returned from DEERS will be integrated automatically into CHCS.

- Placeholders:
  - Temporary OHI entry with preliminary/incomplete payer information.
  - The word “Placeholder” or either one or a series of 9s is entered into the Insurance Payer field.
  - Managed Care Support Contractors routinely create Placeholders as a method to identify potential OHI.
  - UBO staff members are **discouraged** from using Placeholder as a valid SIT/OHI entry.

- Remember to:
  - Query the local CHCS SIT table first before adding a new entry to avoid duplicates
  - Use the commercial telephone number for POC
  - Obtain a valid insurance carrier telephone number
  - Use local comment field for additional information
  - Cancel an entry when it is a mistake
  - **Do not deactivate any Health Insurance Carriers (HICs)**
  - When in doubt, contact the VPOC

## **DHA UBO Helpdesks**

[vpoc.helpdesk@altarum.org](mailto:vpoc.helpdesk@altarum.org)

[UBO.helpdesk@altarum.org](mailto:UBO.helpdesk@altarum.org)

571-733-5775

## **UBO Website**

[http://www.tricare.mil/ocfo/mcfs/ubo/sit\\_ohi.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/sit_ohi.cfm)



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- E-mail answers to [UBO.LearningCenter@altarum.org](mailto:UBO.LearningCenter@altarum.org)

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